Lesson 68 - First Aid And Natural Hygiene

- 1. First Aid: The Life Science Approach
- 2. Emergency!!
- 3. Specific Injury Treatments
- 4. Emergency Techniques
- 5. Accident Prevention: The Life Science Way
- 6. Questions & Answers
- Article #1: The Tough Cookie Life Scientist By Peter Gregonis
- Article #2: First Aid and Hygiene By Dr. Alec Burton

1. First Aid: The Life Science Approach

Someday either you or someone you care for may be in a life or death situation. What you do in the next few minutes could either save a life or quickly end it. Should you sacrifice your beliefs and principles at a time like this? Absolutely not. If your beliefs are correct, then your actions will be correct—provided that you have the proper knowledge to act upon.

Unfortunately, some people who think they understand Natural Hygiene or Life Science actually have a mistaken belief when it comes to first aid. One of the first principles of Natural Hygiene is not to interfere with healing. Outside interference with the body's healing processes should always be avoided. In other words, when we are sick or in ill health, we become well again by "intelligently doing nothing."

We don't actually do "nothing" of course. We may fast, improve our diet, take more exercise, or relax. But we don't meddle or interfere with the body by injecting it full of drugs or cutting out diseased organs.

Some Natural Hygienists and Life Scientists make the mistake of believing that "nothing" should also be done in a time of emergency situations where the body might require immediate attention. This is a dangerous belief, and one that may lead to your death.

First aid principles can be applied without violating any of the fundamental facts of Life Science and Natural Hygiene. We must, however, understand what first aid really means in these cases.

1.1 What First Aid Can (and Cannot) Do

First aid simply allows the body a chance to heal itself. Intelligent first aid, quickly applied, can restore the body to its stable state. For example, if you accidently cut an artery with a knife, you could quite possibly bleed to death if the cut was deep and the artery was a major one. If you "intelligently" do nothing in this case, you're stupid.

Simple first aid would be to apply direct pressure to the artery and stop the blood flow. You would use some type of cloth or clay or even pressure to help the blood clot, and then you might even need to have the artery sewed or reconnected.

Then, after all of this, you would do nothing "intelligently." You may fast or rest and let your body replenish its blood supply and conduct its healing. You would not ask for a blood transfusion or for any drugs to "help" you heal. When the body is restored to its stable state, then it will reestablish health and well-being without any additional aid or interference.

"First aid," wrote Dr. Alec Burton, a Natural Hygienic practitioner, "Represents immediate and temporary care. It is not designed to restore health but merely to avert the possibility of further damage or even death."

If you break your leg, there is no drug, medicine, or injection you can take to make the bone knit and heal. However, if you do not have the bone "set" and the leg immobilized, then the natural healing would not be as effective. First aid is for accidental injuries done to the body, and not for chronic illnesses or disease.

1.2 Should "First" Be "Last"?

First aid is called *first* aid because it is the first attention an injured person receives before being taken to a hospital or a doctor.

In most cases, *first* aid should also be last aid. After you take care of the emergency and restore the patient to a stable condition, no additional outside help is needed or required. The body is now on its own, and will conduct its healing as rapidly as possible. Drugs and various other hospital procedures only interfere with natural healing processes.

"First" aid can save a life. The "second," "third," or "fourth" aid a person receives in the hospital or at the hands of a surgeon can end a life. In many cases, first aid should also be the last aid a person needs.

The Natural Hygienic practitioner and student of Life Science must learn to distinguish between those emergency situations which may require additional professional attention and those that do not.

For example, a dog bite on the leg may often be treated safely at home by letting the wound bleed briefly, cleaning it with water, and then stopping the blood flow with a clean cloth. On the other hand, if the dog attacked the person around the face and actually tore an ear half-off, then surgery should be employed to reattach the ear. In neither case, however, should rabies shots be taken or any other injections be received. Rabies is yet another of the "contagion" myths and shots cannot protect you from a myth.

In many cases, your first aid is also the last aid a person needs before allowing the body to heal itself and restore normalcy. There are times, however, when you may need to seek additional help.

Knowing when to seek help and what type of help should be accepted can be difficult for the Natural Hygienist. How do you know when an emergency situation requires additional help?

Unfortunately, there is no easy and absolute way of answering this question for every situation. In most cases, you will have to use your own judgment and be prepared to accept the consequences of your actions. At such times, it is very handy to have a few phone numbers of professional Hygienic practitioners that you can call in an emergency.

There are some emergency situations, however, that will very often require some additional help beyond the "first" aid that you can give.

1.3 When Do You Need Outside Help?

The most obvious emergency situations that require outside and additional help is when a severe mechanical injury is done to the body. In this case, something is "broken" in the body—such as a broken bone, a severed artery, a deep gashing hole, a crushed organ, or some other acute and violent injury.

When these injuries occur, then constructive or emergency surgery may be required. Setting broken limbs and stitching large wounds up are still valid medical practices that allow the body to expediate its healing processes, these types of surgery do not violate the principles of Natural Hygiene, and may be vital to the well-being of the victim.

Giving the patient antibiotics, pain-killers, "vitamin" shots or other drugs, however, does violate the laws

of nature and is injurious to the body.

In general, we can say that as long as the emergency treatments remain *mechanical* in nature and do not introduce any poisons or drugs into the body, then they may be tolerated.

As a general consensus, some Natural Hygienic practitioners developed a list of conditions that might require "constructive" or emergency surgery. Such treatment may be advisable (or unavoidable) for these types of situations or emergencies:

1. Repair after accidents.
2. Repair of some congenital (birth) defects.
3. Concealed strangulated hernia in an infant.
4. Some Caesarian sections (approach with great care!).
5. Some cataracts (only after fasting has been tried).
6. Repair of extensive damage to joints and cartilage (after an accident).
7. Tubal pregnancy.
8. Some hernias.
9. Large tumors causing obstruction or pressure on nerves or organs (only after an extended fast has first been attempted).
10. Repair of opening in wall of stomach eaten through by an ulcer of long duration.
11. Removal of organ destroyed by accident.
12. Dental surgery, such as tooth extraction or repair after an accident to the mouth.

All surgery and additional repairs to the body should always be viewed with caution, suspicion, and trepidation. Do not always assume that surgery and medical practices are needed for any type of emergency situation. In some cases, a limited amount of professional attention will be entirely adequate.

For example, if a person is knocked out and loses consciousness, then some additional help may be needed beyond the first aid that you can give. In a book called *Management of Trauma: Pitfalls and Practice*, the doctors have this to say about the treatment of head injuries in emergencies:

"If the person is knocked unconscious for less than five minutes, then the patient should be carefully observed for six to twelve hours. Frequently this can be done in the emergency room and does not require hospitalization. Patients who were unconscious for longer than five minutes may need to be hospitalized overnight."

The same doctors also caution us, however, that: "Merely keeping the patient in a hospital bed or in an emergency room does not imply that he is being adequately observed. All too often patients languish in these areas without being seen by a physician at all."

Like it or not, when an emergency or serious injury happens, you may end up in the hospital or an emergency ward. This is especially true if you are a victim of an accident. (See the supplementary material at the end of this lesson for one Life Scientist's experience after a tragic accident.) What do you do if you are the victim of an emergency?

1.4 If They Take You To The Hospital...

You may be unconscious the first time you are taken to a hospital or an emergency room. Some Life Scientists anticipate this situation and wear a medical tag that says: *I am allergic to all drugs and blood transfusions, and I have no medical insurance.*

Having no insurance may be the best safeguard against unnecessary or "elective" medical and surgical procedures. If the hospital suspects that you cannot pay its charges, it will try to have you discharged as soon as possible.

You may also want to give a sympathetic friend who understands your health preferences the "power of attorney" over matters involving your health care. All this means is that you and your friend go to a

lawyer where a letter is drafted that says this person may act on your behalf on matters of health and medical care should you be unconscious or in a coma or unable to speak for yourself. Your friend, then, has the legal right to make sure that the hospital and surgeons do not get to you while you are incapable of making a rational decision.

While you are in the hospital, you cannot be legally forced to take any drugs, shots, transfusions, or whatever. You may be subject to intimidation and threats, and dire warnings that you are "hurting only yourself" by the hospital staff. Stand firm, however; they cannot make you do anything you do not want to do.

You also have the right to *immediate release* from a hospital. To accomplish this, you may have to walk out on your own power, have a friend pick you up, or even get a private ambulance to take you back to your home.

You cannot be forced to sign anything, such as a "discharged against advice" form. In fact, *do not* sign such waivers or forms. These forms serve only to protect the hospital, not you.

You do not need to wait in the hospital while the bill is being drawn up; you can have it mailed to you and you can leave immediately. This is your legal right; do not let empty threats frighten you.

Many times, as soon as a patient is given "bathroom privileges," he is ready to be discharged and nurse the injuries at home.

Make the best of an unavoidable hospital stay. Try to rest and fast. If you eat, try to get only fresh, raw fruits and vegetables. Refuse "feeding" by injection. *Get out as quick as you can*.

2. Emergency!!

First aid is often required at a time of emergency. You need to know two things in an emergency situation: 1) what to do, and 2) how to act. At the end of this section is a general list of things to do for various emergencies, injuries, and accidents. By reading this list and studying other books on general first aid, you can learn *what* to do. But *how* do you act in an emergency?

2.1 Act—Don't React!

You cannot afford to become emotional during an emergency. There is no time for fear, for panic, or emotional outbursts. You must become totally calm, clear, and collected.

Do not panic. Think. Don't react to the blood or pain or tears—act now to save a life.

When you are faced with an emergency, the first question you should ask is: What is the most important thing to do *at the present moment* to help the injured person?

At all times, remain very calm when helping the person. If the victim senses you are afraid, then he too may panic, and cause additional harmful stress. Reassure the injured person.

If possible, send for additional help if you think it necessary. Try to remain with the injured person at ail times, and attend to the most life-threatening injuries (such as uncontrolled bleeding, halted breathing, etc.).

Have some phone numbers handy or with you at all times that you can call for advice. Many Natural Hygienists and Life Scientists carry the phone numbers of one or more professional Hygienic doctors

and practitioners that they can call in an emergency. Prepare such phone numbers *ahead of time* so that you may easily call when an emergency does occur.

Realize that even in an emergency, the basic needs for life and health always remain the same: fresh air, pure water, rest, and no drugs. Simply because the body may be seriously injured is no reason to believe that drug use can be safely tolerated.

The one word to describe how to act in an emergency is: think. Use your head, use common sense, and use your knowledge of Life Science. Be confident and be calm and you can handle any emergency.

2.2 First Aid Treatments: Doing No Harm

The following list of emergencies and injuries gives simple and harmless first aid treatments that can be used by anyone. Read the list thoroughly and try to remember as much as you can. Remember, in a real emergency, you will probably not have access to a book or list of things to do. It's important that you know automatically how to act in an emergency.

When faced with an emergency or a seriously injured person, you'll probably first want to take the five basic steps below:

2.3 The Five Basic Steps to First Aid

2.3.1 Step One

DON'T MOVE THE VICTIM. The only exceptions are when the victim would be in further danger if not moved immediately, such as a car accident where their is danger of gasoline explosion. Otherwise, leave him alone. You risk aggravating any injuries by improper moving. Wait until trained rescuers arrive.

2.3.2 Step Two

CHECK FOR BREATHING AND HEARTBEAT. Put your ear to his face and listen, and at the same time watch for the rise and fall of his chest. If the victim is breathing, his heart is beating. If he's not breathing, blow four quick breaths into his mouth, then check his pulse by putting your finger on his neck, just to the side of his Adam's apple. Feel for a pulse for ten seconds. If you're sure there is no pulse, begin cardiopulmonary resuscitation. (See the end of this section.) If his heart is beating but he's still not breathing, continue mouth-to-mouth resuscitation. (See also at the end of this section.)

2.3.3 Step Three

SEND SOMEONE FOR HELP. Don't you go, unless absolutely essential. You're needed to help the victim. Tell the person to call the emergency number for your area or the operator. Give your messenger as much information as possible without causing extensive delay, and tell him to pass everything along.

2.3.3 Step Four

CHECK FOR BLEEDING. The best way to stop bleeding is by applying a clean piece of cloth. Hold the cloth or dressing in place with your hand. Once applied, don't remove it. If that's not enough to stop the bleeding, raise the affected area above the heart. If that's not enough, apply pressure with your fingers to a pressure point between the wound and the heart.

2.3.1 Step Five

TREAT FOR SHOCK. Any person who's been injured can be in shock. The treatment consists of

keeping the person lying down and as calm as possible. Make sure he's breathing, elevate the legs slightly (unless he has a head injury or fractured leg), and keep him warm, but not hot. Don't give any liquids.

By following these five steps, you do the victim no harm and, in fact, may save his life.

What other aid you give depends on the specific nature of the injury itself. The next section details various treatments and first aid approaches for the more common injuries and accidents.

3. Specific Injury Treatments

3.1 Blood Hemorrhages and Excessive Bleeding

For a blood hemorrhage, get a clean dry cloth and cover the area of bleeding. Apply direct pressure. The cloth should make a larger surface to aid in clotting. The blood should start to clot within three minutes if the cut is not too severe. If the cut is deep, and bleeding is severe, then it may take as long as ten minutes for the blood to clot.

If there is massive blood loss, strong spurting of blood, and a weakened pulse or falling blood pressure, then you should carefully apply a tourniquet *between the wound and the heart*. A quick tourniquet can be made from a shirt and belt.

Be careful when applying a. tourniquet that you do not cut off *all* circulation beneath the wound. After twenty minutes of tight pressure, you may release the tourniquet gradually for five minutes and then tighten it again. You do not want to leave a tourniquet on for long periods of time as it may damage the tissue beneath the wounded area.

Excessive bleeding can be a very frightening experience, but remember: You can lose up to half of the blood in your body and still be able to function.

A severe cut or wound may require stitches. Accept the stitches but refuse any injections or treatments for "infections."

In all cases, blood transfusions should not be used. A person who has lost over 50% of his blood will produce more new blood faster if a transfusion is not given. Transfusions can cause serious problems or even death. The blood may be contaminated in handling; hemolytic reactions can occur between two different blood types, resulting in a 50% mortality rate; air in the transfused blood can cause death; blood is often obtained from "paid" donors who often have drugs and other toxins in the blood given for use in transfusions.

3.2 Wounds and Puncture Wounds

Cleanliness is important in treating wounds. Wash the area thoroughly with plain water. Wash or gently scrub to remove all dirt and particles. Do not use soap or antiseptics. If the wound is not too deep or bleeding profusely, leave it open to fresh air and sunlight. If a deep wound, cover it with a porous bandage, such as gauze held with tape. Do not use airtight bandages, or bandaids. Let air circulate through the bandage to the wound.

If the wound is a puncture, such as caused by a nail or glass, you may let the wound bleed freely for a few minutes. If the wound is small and slender (such as made by a nail), gently massage and press

around the wound to encourage a *small* amount of bleeding. There is a purpose to bleeding; it acts to carry away foreign particles from the wounded area. If the wound is large and blood is pouring, then suturing may be required.

In no case, however, are anti-tetanus shots required or any other injections for so-called infection. The introduction of poisons (drugs) or bactericides into the bloodstream cannot be of any help to a wounded body. Considerable harm can be done.

3.3 Cuts, Burns, and Scalds

For immediate relief, immerse the burned or scalded area into cool water. Keep the area clean, and protect any open wound with a light moist covering (such as thick gauze dampened with water). Let the burned or wounded area be open to fresh air and open circulation. Keep burns, however, out of direct sunlight. Salves and ointments should not be used. Cool, fresh compresses should be alternated with exposure to open air. Some Hygienists have reported using freshly-pressed celery juice or a compress made from fresh green plants to alleviate the burning sensation and reduce pain.

3.4 Sprains, Strains, and Torn Ligaments

Rest—do not move needlessly. Fix the limb in one position and immobilize the joint for the initial period. If the limb is dislocated, you may need to see an osteopath or orthopedist to get the limb back into place. In any case, refuse all drugs, including pain-killing pills.

If in pain, immerse the affected joint into cool (not ice) water for one to two minutes and then take out. Repeat this five or six times an hour for as long as there is pain.

After pain leaves, stay off the affected limb or do not use it for a period of time. Gradually start exercising, but do not be in a hurry to put a lot of pressure or strain on the limb.

3.5 Poison Ivy, Poison Oak, Skin Rashes

Bathe immediately. Apply copious amounts of cool to cold (not ice cold) water. Do not rub or scrub area. Do not apply salves or ointments. Do not allow direct or intense sunlight to burn or heat the area. Do keep the rash open to fresh air. Rest and relax—the stress that accompanies a skin rash can often aggravate it. Do not worry. Apply cool compresses for itching and do not scratch.

3.6 Snake Bites

A poisonous snake usually makes fang marks. A non-poisonous snake usually makes a U-shaped mark.

If you are sure that the snake is nonpoisonous, then simply wash and clean the punctured area. Allow a small amount of bleeding to occur. Watch the victim for any reactions.

If the snake is poisonous, immediate action is necessary:

1. First, have the person lay down flat and stay calm. Have him/her breathe long, slow, and deeply to slow down the pulse rate and circulation. It is very important that neither you nor the victim show any signs of panic.
2. Next, apply a tourniquet as quickly as possible around the upper arm, leg, or thigh. Twist the tourniquet tight with a stick until you can feel almost no pulse at all in the limb that the tourniquet is applied to. Leave this on tight for twenty minutes, then release for five minutes. This can be done for up to several hours *if you watch the circulation and do not leave a tight tourniquet on for extended periods with no release*.
3. Transport the victim in a vehicle if at all possible; do not allow him to walk or become excited. The venom may be removed from around the area by a suction cup. Anti-venom shots should not

be used.
4. Fast the victim afterwards.

3.7 Spider or Insect Bites

Most insect bites are only slightly poisonous. Do nothing and forget about them. You may wish to fast if you have multiple stings or swelling.

Some insects, such as scorpions and black widow spiders, can cause a numb feeling for up to 24 hours. In this case, a one- to two-day fast will help restore the body to normal.

If the stinger remains in the skin, carefully remove it. Be cautious, however—many stingers that are left in the skin often have a tiny poison sack at one end. If you press this sack when you remove the stinger, more poison will be shot into your skin. Use tweezers or a razor blade along the surface, taking care not to press the stinger or the poison sack.

The pain and itching will soon cease, and there is no need for salves or ointments.

3.8 Poisoning By Swallowing

After a poison is swallowed, you have only 20 to 30 minutes to neutralize it. After that, the poison will be transported throughout the body.

Be careful about inducing vomiting. Some poisons, such as caustic acids, can actually do more harm when they are vomited back up. It is usually best to try to neutralize or dilute the swallowed poison by drinking large amounts of water. Although milk may not be a fit food, it can certainly be used to good effect in neutralizing poisons. Milk can neutralize both acid and alkali poisons. If milk is available, have the victim drink as much as he can hold.

If spontaneous vomiting starts, don't stop it. Similarly, if diarrhea or fever occur after the poisoning, do nothing to stop them, even if the fever reaches 106 degrees or more. If the person is unconscious or is having convulsions, do not attempt to make him/her vomit the poison. He/she may choke to death.

If the mouth appears burned, or if lye or petroleum (like gasoline) products were swallowed, definitely do not allow vomiting to take place. Any products that are thrown up which contain lye or petroleum products can severely damage the esophagus and lungs.

Since vomiting is not to be encouraged in many cases of poisoning, try the following liquids to neutralize the poison's effects:

For acid poisons, drink either milk, olive oil, egg whites, or water containing baking soda.

For alkali poisons, drink either milk, raw eggs, olive oil, or water containing lemon juice or vinegar.

In some cases, the stomach may need to be pumped or, an antidote given. An antidote is of course a foreign substance, but in most cases, it is less dangerous than the poison swallowed and may be the most expeditious way of saving a life.

After neutralizing the poison, rest and fast for several days. Drink only pure water, and let the body heal any internal damage.

3.9 Asphyxiation or Suffocation

Give artificial respiration. Place the person flat on the back, turn the head to one side, and remove any obstructions from the mouth. Make sure that the tongue is not curled up in back of the mouth. Press the victim's nostrils together, and blow into the mouth every four seconds. Pump the arms and lungs as necessary to get the breathing going again. Even if there is no response, continue blowing into the mouth and try to fill up the person's lungs. People have often been kept alive for long periods by simply giving

them artificial respiration and not giving up.

3.10 Choking

Someone who is choking won't be able to utter a sound. He may also clutch at his throat. Here's what to do:

1. Stand behind the victim and support him in front. Bend forward and slap him soundly between the shoulder blades to dislodge material from his throat.
2. If that doesn't work, try these steps called the Heimlich Maneuver:
    a. Wrap your arms around the victim's waist from behind.
    b. Make a fist and push it, thumb in, against the victim's stomach, between the belly button and ribs.
    c. Grab the fist with the other hand and pull sharply in and up. If necessary, repeat several times.

3.11 Electrocution and Drowning

Artificial respiration and resuscitation are necessary, just as for asphyxiation. (See the technique on mouth-to-mouth resuscitation in the next section, "Emergency Techniques.")

For an electrocution victim, it may take four to five hours to revive the victim. Do not give up; have some one relieve you, but continue with the artificial respiration until you can get help. For a drowning victim, make sure that the mouth passage is cleared out and that no swallowed water remains in the lung passageway. Continue as above with artificial respiration.

3.12 Convulsions

Make sure that the person cannot injure him or herself. At the first sign of a convulsive fit, place a rolled piece of cloth between the teeth to prevent the tongue from being bitten in the attack. Keep the person under close observation, remove any harmful objects within reach, and simply wait. Convulsions may last from 30 seconds to an hour. Brain damage is more apt to occur because of interference with the convulsions than from the convulsions themselves.

3.13 Appendicitis (Acute)

This is an extremely painful condition, but one that rarely requires surgery unless severely neglected. At the first sign of pain, call a Natural Hygienic practitioner.

Bring the knees up as high as possible to the chest to relieve some of the pain. Do NOT eat. Do NOT drink. Do NOT take enemas. Do NOT press, poke, push, or prod painful area. Do NOT apply heat or cold.

Unless peritonitis develops, you can go through an appendicitis attack without any surgery or outside interference. If, because of neglect and continued dietary errors and excesses, the appendix should rupture, then certain surgery may be necessary to drain the abdominal cavity. When peritonitis does develop, you can tell by the presence of a very high fever and a tremendous rigidity of the abdominal muscles. The stomach area becomes "tight as a drum" and very rigid.

Such an extreme condition would not result if a fast were started at the *first* sign of an appendicitis attack. Most people, however, ignore the first few warnings and continue with their old ways of eating. Appendicitis is due 100% to dietary errors.

3.14 Vomiting and Diarrhea

Do nothing to stop either vomiting or diarrhea. Watch for dehydration if they persist for a long period of time. Drink only water. Stop all food intake. Begin an immediate fast.

3.15 Nosebleeds

Sit the patient in a chair with the head tilted forward.

Moisten a piece of cotton and place inside the bleeding nostril. Press the nostrils together and hold for at least five minutes or more, and have patient breathe through his mouth. After bleeding stops, the cotton should stay in place for several hours.

3.16 Stings by Jellyfish, Wasps, Fire Ants, Etc.

These types of stings are accompanied by a neurotoxin that is injected under the skin. The only serious effect of such an attack is usually great pain. To relieve the pain, try a paste of baking soda and water. In some cases, relief can also be obtained by rubbing lemon juice or vinegar around the bite.

3.17 Dog Bites

Wash the wound well with water only, and let it bleed freely for a few minutes. Clot the blood with a clean cloth. If the area is not so large as to require stitches, then simply forget about it.

Do NOT get rabies shots or treatments. Such treatments are far more dangerous than the bite.

3.18 Foreign Particles in the Eye

Wash your hands and then carefully pull your upper lid down over the lower lid. Wipe the corner of the eye gently with a clean cloth or cotton. Do NOT rub the eye. This may push the particle farther under the lid. Try to get the eye to "cry" or to "tear."

If irritation continues or if a piece of glass is in the eye, then seek professional help in removing it.

3.19 Broken Bones

Do NOT move the victim, unless it is a question of life or death, if the broken bone is in the neck or spine. Wait for outside help if possible. If you cannot wait, make a temporary splint and transport the victim as best you can. For a temporary splint, you can use branches, boards, or even the body itself (e.g., tie broken leg to uninjured one). For a broken ankle, carefully wrap the foot in a pillow, and tie it closed. For any fracture, don't tie anything directly over the wound—tie above and below it. Best procedure, thought, is to wait for help to arrive if you can.

A broken bone is rarely a critical situation; you can usually wait and have it set by an osteopath or orthopedist.

Rolled newspaper splint.

3.20 Heart Attack or Stroke

Some or all of these symptoms can point to a heart attack:

1. Pain, usually in the middle of the chest, or in the left shoulder or arm, or the neck. May feel like a crushing force.
2. Pale and sweaty skin.
3. Feeling of impending doom.

4. Shortness of breath.

Here's what to do:

Place the victim horizontal, and elevate the head slightly. Loosen or remove all constricting clothing. Give artificial respiration and fairly vigorous cardiac massage if the heart appears stopped. (See the "How to Give CPR" in the "Emergency Techniques" section.)

Make sure that fresh air is available, and the patient is kept warm. After the attack, complete resting (including a fast) is essential.

4. Emergency Techniques

Every person (both child and adult) should be taught the two emergency techniques described below. In the local news was an item about a four-year-old boy who saved the life of his two-year-old brother because he knew how to give mouth-to-mouth resuscitation and CPR. It's never too early (or late) to learn about emergency life-saving techniques.

4.1 How to Give CPR

CPR stands for cardiopulmonary resuscitation. CPR is the only way to save the life of someone whose heart has stopped. To learn it properly, you should take a CPR course. The American Heart Association and the American Red Cross offer excellent CPR courses.

If you've determined that a person has no heartbeat, you must begin CPR. Here's how:

1. Kneel at the person's side.
2. Find the bottom of the breastbone—the bone in the middle of the chest.
3. About two inches above that, place the heel of your hand.
4. Place the other hand over the first hand and lock the fingers.
5. With arms kept straight, push down on the chest, so that it's compressed about 1-1/2 or 2 inches. *You must push fairly hard*.
6. As you push, count out loud: "One, and two, and three, and four, and ..." Keep going a little faster than one push per second until you get to fifteen.
7. After 15 pushes, move quickly back to the person's head, and blow two quick breaths into his mouth.
8. Then go right back to his chest, find the spot two inches above the bottom of the breastbone again, place your hands, and push 15 times again.
9. Keep on with 15 pushes, then two breaths, and so on, until one of these things happens:
    a. You are relieved by someone who can do CPR, or
    b. The person's heart starts beating (check his pulse every minute or so). You may still have to continue mouth-to-mouth resuscitation. Or,
    c. A physician pronounces the person dead.

4.2 How to Give Mouth-to-Mouth Resuscitation

When someone stops breathing, no matter whether it happened because of drowning, electrical shock, heart attack, or anything else, you can breathe for him by giving mouth-to-mouth resuscitation. Here's how:

1. Place victim on his back.
2. Check inside of mouth for material that could block the air passage. Clean out if necessary.
3. Kneeling at the side of his head, place one hand on the forehead and the other under his neck. Tilt the head back (unless you suspect a neck injury) so the jaw is pointed up. This keeps the airway open.
4. With the hand that's on the forehead, pinch the nostrils shut.
5. Blow four quick breaths into the victim's mouth, hard enough to fill lungs. If chest doesn't rise, clear the airway by cleaning out mouth, or roll victim on his side and slap between shoulder blades to dislodge material. Then roll him back and try breathing again.
6. After the four initial breaths, remove your mouth and watch for chest to fall.
7. Continue by blowing one breath into victim's mouth every five seconds until he starts breathing again on his own. (For small children, blow into mouth and nose, one breath every three seconds.)

5. Accident Prevention: The Life Science Way

First aid can help you when an accident or injury occurs, just as fasting can help when the body starts a disease or illness process. But wouldn't it be nice if we didn't get sick or never become injured?

If you follow a sensible program of exercise, diet, and other health-building practices, then you will have the best health insurance you can buy. But what about accident insurance? Will the Life Science health regimen prevent us from becoming injured or having accidents?

The answer is YES.

It is a fact. A healthy person has fewer accidents and suffers less injuries than the average individual. Maybe you know someone who is "accident prone" or who always seems to be injuring him or herself. On the other hand, you may know someone (perhaps even yourself) who rarely suffers misfortune or injury.

The majority of all accidents and injuries occur because of an error in judgment. In other words, faulty or unclear thinking leads to accidents. A healthy person can think more clearly, make more correct decisions, precise movements, and avoid many of the minor injuries and accidents that happen to most people.

Most injuries and accidents are self-invited, either consciously or unconsciously. They occur because we are not "on top of things" or when we are not at our best. Haven't you noticed that many accidents happen when we are under stress or have been engaging in negative lifestyle patterns?

When you become more healthy, you take charge of your life on all levels. You become more capable and more in control. You don't become "off-centered" or "spaced out." A healthy body seeks to preserve its health. A sick or diseased body is an intoxicated body. It often hurts onward to self-destruction through negative thought patterns, imprecise actions, poor health habits, and, yes, through accidental injuries.

If you cannot quite believe the truth that healthy people have fewer accidents, then you should at least understand that a healthy body can recover more quickly when an injury does occur.

Melvin Kimmel, a Natural Hygienist, had this to say about staying healthy and injuries in an issue of *Dr. Shelton's Hygienic Review*: "The best safeguard for emergency situations is to stay healthy.

Keeping the cells of our body in optimum condition by following the raw food diet, sensible exercise, and so forth can not only save lives, but can minimize accidental injuries." When the body is injured, a healthy person can recover quickly and without the complications that often send others running to the physician."

Accident prevention should be a major concern of every health-seeker. Besides staying healthy, what else can be done to minimize the risk of injuries and accidents? First, do not take unnecessary risks.

Severe injuries often result from such activities and sports as skiing, sky diving, motorcycle riding, etc. Wouldn't it seem intelligent to avoid those sports and activities that have a high-risk factor? This does not mean that we should be afraid to be active or to exercise. It simply means that when we have a choice, we should choose those activities that have a proven history of fewer injury-related incidents. There is no need to expose yourself to unnecessary risks and potential injuries. A person concerned about health will choose jobs, hobbies, activities, and sports that do not have a high-risk factor or past history of frequent accidents.

Another benefit of healthful living is that you will be relatively immune to accidents and injuries that are alcohol or drug related. Over 50% of all traffic accidents, for example, involve alcohol. Alertness can protect you somewhat from a drunk driver. You can spot and avoid erratic drivers.

If we avoid alcohol and all drugs, both legal and illegal, then we can maintain a clarity of judgment and precise actions that will not subject us to injuries.

First aid is fine *after* the accident or injury. But as with disease and illness, wouldn't it be nicer if we did not have accidents in the first place?

6. Questions & Answers

I'm confused. First you say that first aid may be the last aid a person needs. Then you say that sometimes emergency surgery could be necessary. What I want to know is when do you go to the hospital and when can you stay at home and treat an injury yourself?

> A visit to a hospital or any type of surgery could be in itself a life-threatening episode. If you sincerely feel that your life is in danger, that your condition is deteriorating, and that your own efforts are not enough, then by all means seek additional help! There are some things that the medical profession is helpful for such as setting broken bones and stitching ruptured arteries
>
> As a general rule, seek additional help when the mechanical injuries done to your body are so great that the body (itself cannot effect a repair without some aid. In other words, you must get the condition of the body stable and whole to start the healing process. If the body is stable, sound, and suffers no major mechanical injury, then do not worry about additional help or aid.

You say no drugs. But when I broke my leg, I wanted a pain killer! Aren't anesthetics okay at times like that?

> We have to be practical about this sort of thing. Sometimes it would be impossible to set a bone or repair a major injury without some type of pain killer. If the anesthetic is only given initially while the repair is being made, then it would seem that the advantage would

outweigh the disadvantage. If, however, you take pain pills after the operation as a regular course of action, or continue to receive injections to deaden you, then that is drug abuse

Anesthetics are not given to speed up healing or to "cure" anything. They are used (or should be used) as a temporary, one-time measure during a crisis

A normal, healthy, and whole body would never need injections or drugs of any kind. An injured broken body is not normal, and while the repair is being made a mild anesthetic may be a practical necessity

I would also strongly suggest investigating acupuncture as an alternative for anesthetic drugs during surgery or repair. A properly-trained acupuncturist (and there are many more nowadays) can deaden nerve paths more safely than drugs for emergency surgery and repair. Acupuncture and acupressure are techniques for distressing a nerve center to induce brain secretion of its endorphins (endogenous morphine).

Article #1: The Tough Cookie Life Scientist by Peter Gregonis

Natural living is difficult to achieve in our society because we are conditioned from birth to be dependent upon authority. How can a person come to trust the body's self-healing ability when we are hammered with the idea that serums, drugs, vitamins, or physicians will bring us health? Trying to fight against this constant barrage of ideas is like swimming against a rushing stream. It takes tremendous strength and willpower to go it alone.

However, once we realize that the bodily intelligence is supreme in all matters of sickness and health, we can take delight in swimming against the tide of mass opinion and even gain nourishment and strength from this opposition.

How Terry Did It

Let us suppose that you were involved in a serious auto accident and you were hauled unconscious to the hospital. Upon awakening, what would you as a Life Scientist do? Would you order that your badly mauled body be taken out of the hospital to your home?

This happened to T. C. Fry several years ago. Tough Cookie Fry came to, and his first thoughts were to flee the hospital and the doctors. Why let these people ride to glory upon the body's ability to heal itself? So Terry's badly bruised body was taken to his home where he immediately began a fast.

For 14 days T. C. refused food in order to give his body a chance to concentrate all of its energy upon the healing process. The healing process took less than a month; it would have taken twice as long under hospital care.

You too can learn to dispense with physicians and their medical treatments. Join the Life Science movement and trust the highest intelligence of your body.

Article #2: First Aid and Hygiene by Dr. Alec Burton

It is important to understand that the basic principles of Hygiene should not be violated in cases of emergency. The body's needs must be met and its capacity recognized. Obviously, there are conditions which result from injury and accidents that require some immediate and skilled mechanical attention.

In cases where such first aid is necessary, we should still avoid violating the fundamental principles employed in the Hygienic system. We should avoid employing procedures which are likely to be damaging in the long term, even if a short-term end is gained.

In certain situations, such as fracturing a bone, dislocating a joint, or severing an artery, which represent mechanical injuries, then mechanical techniques of correction are necessary and justified. However, these mechanical techniques are only justifiable so far as they go. They have no relation whatsoever to actual healing, nor do they remove causes except in the immediate sense. Healing is a fundamental biological process and we employ some of these techniques—like the reduction of dislocations, the setting of broken bones, and minor surgery— in order to facilitate healing, not to perform it. Artificial respiration certainly may prevent a person from dying and in no way could it be considered as harmful, nor does it attempt to usurp the normal and orderly processes of the organism. It is a temporary mechanical procedure that enables the body to perform the functions of life more satisfactorily under the prevailing conditions. Strictly speaking, the "respiration" is anything but artificial.

You may have heard of the millionaire who came running on to the beach to see his wife who had just been dragged from the water and artificial respiration was being administered. The gentlemen screamed at the man, "That's my wife! What are you doing?" "Well," said the young man, "Your wife almost drowned. We're giving her artificial respiration." "Artificial, be damned," was the reply. "Give her the real thing—I can afford it!"

When we have to resort to surgical or mechanical techniques as may be required, and where tissues are severely damaged after serious injury, it is sometimes necessary to relieve pain and consequently the age-old question of the use of anesthetics arises. I think we have to make a distinction between caring for the sick and facilitating surgical intervention. For example, a victim of a motor accident who requires a limb amputation—it would be unthinkable to approach this surgical onslaught without providing, so far as we are able, freedom from pain. In the case of accident or injury, we are not dealing directly with a problem of health and disease. We are not trying to modify symptoms at the expense of the injured person's future health. We are simply trying to restore a certain mechanical facility to the body. We are attempting to mechanically adjust the body.

Constructive surgery does not in any way violate Hygiene and the use of anesthetics may be justified under these conditions. At the same time, we must realize that, having spent the last two or three thousand years discovering the fact that there is no virtue in remedies, drugs do not change their character with circumstances. The fact that wounds heal when ointments are put on them does not mean that the wound would not have healed if an ointment had not been administered. At best, the use of salves and ointments alike can only fall into the dubious category of, perhaps, affording a little protection for the wound. Certainly, they have no power to heal. The power to heal must always be related to the living body itself as an inherent biological function.

It is so easy to think that when we take a remedy or apply an ointment to a wound and it heals, that the extraneous substance has performed the healing. Finally, the cold disappears and the last thing we took before we got well is thought to have "cured" the cold. It is surprising how many people expect wounds to heal when they continually interfere with them, and this particularly applies to the numerous mechanical problems that people have from injuries they suffer. Continuous interference will often delay

and, in some cases, actually prevent healing.

I recall a number of years ago when I had an office practice in England, a gentleman who owned a restaurant on the lower floor of the same building consulted me about his stomach problem. Sometimes in the evenings when I closed my office, we used to walk to the station together. At these times, we used to discuss various things and inevitably his stomach problems would always arise (no pun intended). Never having taken my advice of course, he always had his stomach problems. He used to complain of these severe pains and quite commonly he would stop at the local chemist and get something to relieve the pain in his stomach. He was constantly swallowing antacids and pain relievers.

One day, I put it to him this way, "I don't think your stomach will ever recover. Supposing I were to put my finger on the table and hit it with a hammer and it were to become mangled, bruised, and bleeding, and then were to rub all sorts of ointments over it and bandage it, and then put it back on the table and keep on hitting it with a hammer. How long do you think it would take to heal?" He said, "It would never heal." "Right," I said, "Now, let's take another situation. A man who has a pain in his stomach all the time and continually takes hot, fiery, spicy foods, incompatible combinations, and constantly smothers the various discomforts with powders, antacids, and other drugs that have no business in the stomach whatsoever. How long do you think it would take for that stomach to heal?" My friend did not answer the question and, as far as I know, he continued to take his palliatives.

But I think I made my point that by continual interference, no matter whether the lesion is the evolution of a disease process or whether it is the result of accident or injury, healing cannot be effected. Healing, we must contend, is a fundamental biological process and is directly related to the soundness and general functional vigor of the individual. Certain external factors are required but it must be emphasized that these external factors are secondary to the internal factors. The internal factors are related to our general level of health, our functional efficiency, our basic vitality.

I am sure we all know those people who are in vigorous health and if they suffer an injury, they recover quickly and regain normality. We also know other people who suffer the most serious consequences from what seem trivial wounds and, of course, this is directly related to their degree of health. The fact that we can damage ourselves and recover quickly does not mean that we can violate the laws of life.

The basic principle of cause and effect is always in operation. *There are consequences to every action*.

Now, there are certain objects in first aid. First, to prevent a person from dying and I consider that this is a better way of expressing the fundamental rather than the mendacious euphemism "to save the person's life." Philosophically, I do not believe it is possible to save a person's life. But it is possible to prevent people under certain circumstances from killing themselves. This, then, is the first requisite of applying first aid techniques. We have to try to prevent death from occurring. Secondly, we have to attempt to minimize the suffering. Thirdly, to prepare the sufferer for subsequent care, i.e., to avoid the possibility of complications later.

Some years ago, an acquaintance of mine was involved in a motorcycle accident and dispatched to the hospital. He was discharged some hours later when the initial examinations revealed no serious injury. However, the following day, he collapsed and was returned to the hospital where it was discovered that he had a ruptured spleen. This was not immediately evident but the precaution should have been taken.

When we speak of an emergency, this implies an absolute need for immediate attention. Quite commonly, this is not the case; but an emergency is certainly a time when something actually has to be done.

In Hygiene, we are, I suppose, notorious for our belief in the philosophy of doing nothing intelligently or intelligently leaving things alone; but there are certain conditions, and we are well aware of these, where it is intelligent to do something and that doing something is imperative if we are to prevent deterioration and possible death. However, we must acknowledge that before anything is done, we must be fully aware of what it is that we are doing and what the reasons are for doing it. It is always possible to do something but in many instances whatever we are doing is merely interfering. We are placing obstacles

in the path of the body's processes and this is the very thing we must always attempt to avoid. Nevertheless, there are cases where something actually must be done. I recall a few years ago being at the bedside of a young child whose parents were keen Hygienists. This child had been taken rather sick two or three days before, and the parents had placed him on a fast with absolute rest, and yet he was apparently deteriorating. They called me for advice and I discovered that the young child had a strangulated hernia. Obviously, surgical intervention was necessary. Here we had a mechanical problem that, required a mechanical procedure provide the body with favorable conditions for recovery. Doing nothing in this situation was certainly not intelligent. The use of mechanical procedures and surgical techniques in an attempt to remove immediate causes of trouble does not in any way invalidate the fundamental premises on which the Hygienic system is based.

Following accidents and injury, we are dealing with mechanical problems which require mechanical solutions rather than a pathological evolution which has disturbed the body's chemistry and physiological activity. This requires understanding and the removal of cause. Philosophically, I agree there is a fine line of demarcation, and it is easy for the type of remedy-mentality that is common to extend the therapeutic approach to the vast array of illness or symptom complexes that evolve in the sick as a result of their unhealthy lifestyle.

First aid represents immediate and temporary care. It is not designed to restore health but merely to avert the possibility of further damage or even death. Many of the techniques commonly employed provide nothing but interference. Somebody once remarked that experience is something you get from making mistakes. I have always thought that it is much better if we can learn from other people's mistakes. Of course, this is sometimes difficult as we are not prone to learning from other people's mistakes. We always, like to make them for ourselves, and then we know for sure. But gradually, one by one, many of the stimulants such as alcohol, strong tea, sugary drinks, which were employed as a means of dealing with shock, have been abandoned and no doubt as time passes many other measures which are essentially interference will be abandoned as well.